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**** CONTINUING DATA *******
 This application is a CIP of 10/461,968 06/12/2003 PAT 6,913,462
 which is a CIP of 10/376,375 02/26/2003 PAT 7,210,932

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 04/03/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 63	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 7
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 DENTAL PROSTHESES MODELING SYSTEM WITH SYMMETRIC DOUBLE-WELL TRAYS SLIDABLY MOUNTABLE TO ARTICULATOR

FILING FEE RECEIVED 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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